

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

14849

State File No. ....

FD APR 22 1953  
BIRTH NO. ....

REG. DIST. NO. 172

PRIMARY REG. DIST. NO. 4273

Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA</u> 0540	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>907 ST Louis ST</u>		d. STREET ADDRESS (If rural, give location) <u>907 ST. Louis ST.</u> 0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARETHA</u> b. (Middle) <u>MARIE</u> c. (Last) <u>KRAEMER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 10 1953</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 18, 1888</u> 65
9. AGE (In years last birthday) <u>65</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ALMA MO</u> 0
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>CLAU HENNING</u> 13b. MOTHER'S MAIDEN NAME <u>LOUISE KLANKE</u> 14. NAME OF HUSBAND OR WIFE <u>WILLIAM KRAEMER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u> 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Theo Roper</u> ADDRESS <u>CONCORDIA, MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension, cardio vascular renal disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-3-52</u> , 1952, to <u>4-10-53</u> , 1953, that I last saw the deceased alive on <u>4-9-53</u> , 1953, and that death occurred at <u>3:00p m.</u> , from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <u>Theo A. Keeling M.D. 0</u>		23b. ADDRESS <u>Waverly, Missouri</u> 23c. DATE SIGNED <u>4-13-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-13-53</u> 24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAULS CEMETERY</u> 24d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u>	
DATE REC'D BY LOCAL REG. <u>April 18-53</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u> 154 15 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. James</u> ADDRESS <u>Concordia, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

E. S. James

Licensed Embalmer No.

2058

P. O. Address

Conradia Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.